

Missouri Family, Career and Community Leaders of America

Member Affiliation Form for the 2008-09 School Year

TO RECEIVE FULL SERVICES INCLUDING THE JAN/FEB ISSUE OF TEEN TIMES, AFFILIATION AND PAYMENT MUST BE RECEIVED AT THE STATE OFFICE BY NOV. 1ST. AFFILIATIONS WILL ONLY BE PROCESSED WHEN RECIEVED WITH FORM, ROSTER AND COMPLETE PAYMENT. SEE INSTRUCTIONS ON BACK.

SEND FORM, MEMBER LIST AND CHECK PAYABLE TO:
Missouri Family, Career and Community Leaders of America
PO Box 480
Jefferson City, MO 65102-0480

PURCHASE ORDERS ARE NOT ACCEPTED!

Chapter ID: _____ **Region:** _____

Name of Chapter: _____

Name of School: _____

School Address: _____

City: _____ MO Zip: _____

School Phone # (Including area code) _____

School Fax # (Including area code) _____

Co-curricular Chapter? Yes ☐ No ☐ School Location: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural

Check your school type: ☐ Elementary ☐ Middle School ☐ Junior High/Intermediate
☐ Combine Jr/Sr High ☐ Senior High ☐ Other (Voc School, etc.)

DO NOT ADD ADVISORS WITH MEMBER TOTALS

of Males _____ # of Females _____ Total members for this payment _____ Total members year to date _____

Race/national origin (optional). Enter number of members below for this payment:

Caucasian _____ # African-American _____ # Asian _____

of Hispanic _____ # Native America _____ # Others _____

Comphrehensive / Occupational Membership for this payment:

Comprehensive _____ # Occupational _____

Mr/Mrs/Ms Primary Advisor Name _____

Mr/Mrs/Ms Secondary Advisor Name _____

Home Address _____

Home Address _____

City / State / Zip _____

City / State / Zip _____

Phone # (Including area code) _____

Phone # (Including area code) _____

Best time of day to contact _____

Years as advisor _____

Best time of day to contact _____

Years as advisor _____

My Email Address is _____

My Email Address is _____

List all additional advisors on separate sheet

Dues: National, state and regional dues must be paid for each member. Overpayment of \$10.00 or less will not be refunded. No substitution of names. Limit dues payment to one per month.

Which dues payment of the school year? ☐ 1st ☐ 2nd ☐ 3rd or more

National Dues: (Required for all members) **RATE** **AMOUNT**

Members 1 to 9 members Minimum = \$ 81.00

Additional Members _____ X \$ 9.00 = \$ _____

Advisor Contribution _____ X \$ 9.00 = \$ _____

State Dues: (Required for all members)

Members _____ X \$ 2.00 = \$ _____

Advisor Contribution _____ X \$ 2.00 = \$ _____

Regional Dues: (Required for all members)

Members _____ X \$ _____ = \$ _____

Advisor Contribution _____ X \$ _____ = \$ _____

Affiliation dues total \$ _____

Breakdown of Regional Dues per Member

Region 01 - \$ 2.00	Region 06 - \$ 1.00	Region 11 - \$ 1.00
Region 02 - \$ 2.00	Region 07 - \$ 2.00	Region 12 - \$ 1.00
Region 03 - \$ 1.25	Region 08 - \$ 1.00	Region 13 - \$ 2.00
Region 04 - \$ 2.00	Region 09 - \$ 2.00	
Region 05 - \$ 1.00	Region 10 - \$ 2.00	

Alumni and Associates Dues (*Advisors only*)

☐ Alumni ☐ New One-year membership \$20 (\$5 State / \$15 National) \$ _____

☐ Associate ☐ Renewal Two-year membership \$35 (\$10 State / \$25 National) \$ _____

Chapter Advisor _____

Date _____

Chapter President _____

Date _____

FCCLA Office Use Only:

White Copy - Missouri FCCLA

Yellow Copy - Chapter Advisor

**DECEMBER 20 DEADLINE FOR OFFICER CANDIDATES AND STAR EVENTS ELIGIBILITY
MAY 15 LAST DATE DUES ACCEPTED FOR 2008-09 SCHOOL YEAR THROUGH STATE**